

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34472

State File No. ....

140

**FILED** OCT 24 1952

BIRTH NO. ....		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>18 years</u>		c. CITY OR TOWN <u>Excelsior Springs</u>		d. STREET ADDRESS (If rural, give location) <u>631 North Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>631 North Main</u>				d. STREET ADDRESS (If rural, give location) <u>631 North Main</u>			
3. NAME OF DECEASED (Type or Print) <u>Vashie</u>		a. (First)		b. (Middle) <u>Lee</u>		c. (Last) <u>Allen</u>	
4. DATE OF DEATH <u>October 13, 1952</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 17, 1914</u>		9. AGE (in years last birthday) <u>38</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>26</u> Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elvina Moss</u>		14. NAME OF HUSBAND OR WIFE <u>Leon Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Allen, Excelsior Springs, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra abdominal hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause not determined</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>13 Oct, 1952</u> to <u>13 Oct, 1952</u> , that I last saw the deceased alive on <u>19 Oct, 1952</u> , and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. Sanders M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>16 Oct 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner St.</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-16-1952</u>		REGISTRAR'S SIGNATURE <u>Caroline Dutchen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West Side Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# 0242

FEB 18 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Putnam, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.